

REGISTRAR'S OFFICE

Georgia Public Safety Training Center
1000 Indian Springs Drive
Forsyth, Georgia 31029-9599

Telephone 478-993-4412 Fax Phone 478-993-4303

Student Authorization Form

FOR GPSTC OFFICE USE ONLY

Entered By: _____

AGENCY INFORMATION

COURSE INFORMATION

Please print or type all agency information

(1) Agency: _____

(2) GPSTC Dept. Code: _____
(from mailing label)

(3) Address: _____

(4) City: _____

(5) State: _____ Zip: _____

(6) Agency Phone #: _____

(7) Training Officer Phone #: _____

(8) Agency Head (or designee): _____

(9) Type of Agency: ☐ Government: ☐ Subscription
☐ Municipal ☐ State ☐ Private Corporation
☐ County ☐ Federal ☐ Profit ☐ Non-Profit (under IRS provisions)
☐ Out-of-State ☐ Private Citizen

(10) GPSTC Course Number: _____

(11) Course Title: _____

(12) Dates: _____

STUDENT INFORMATION

Only three (3) students per agency should be listed, in order of acceptance priority.

	Student #1	Student #2	Student #3
(13) Name:			
(14) SSN:			
(15) Sex:			
(16) Certification #:			
(17) Certification Date:			
(18) Certification Type:			
(19) Date of Birth:			
(20) Date Joined Agency:			
(21) Rank:			
(22) Current Assignment:			

WAIT LISTED STUDENTS - If placed on the waiting list, students can not be registered for any other class with the same title NOR any class that starts or ends during the same period. The waiting list is for this class only. If the student is not selected for this class before the start date, the application will be cancelled.

AUTHORIZATION

By the signature below, I verify that the student listed above has met or will have met all prerequisites for this class by the start date. All applicants for this program must supply proof to the course coordinator on the first day of class that he/she has satisfactorily completed the noted prerequisites. Failure to do so will require that the applicant be dismissed from the training program.

(23) Agency Head (or Designee) _____ Title: _____ Date: _____
(Type or print)

(24) Signature: _____

Authorization for GEMA Programs only (Courses with prefixes EEMA)

(25) Signed: _____ Agency: _____ Date: _____

(Must be signed by the local Emergency Management Agency Director)